

APPLICATION FOR ALTERNATIVE LICENSE TYPE C

PART I TO BE COMPLETED BY APPLICANT

Initial Issuance of Alternative License C

Renewal of Alternative License C

If you have previously held a Tennessee Teacher License state the type _____ and Reference Number _____

Last Name		First Name		Middle/Maiden	
Social Security Number	Email Address	Telephone Number	Date of Birth	* Race	* Sex
Street/P.O. Box		City		State	Zip Code

Name/Address Change

(provide a notarized copy of the marriage license, divorce decree, or court order that has generated the legal name char

**Optional- Statistical information only*

PLEASE READ CAREFULLY BEFORE SIGNING

Answer the following questions if you have **NEVER** held a Tennessee Teacher License or Permit:

1. Have you ever been convicted of a felony (including a conviction or plea of nolo contendere)? ____ YES ____ NO
2. Have you ever been convicted of the illegal possession of drugs and/or narcotics? ____ YES ____ NO
3. Have you ever falsified or altered documentation required for licensure? ____ YES ____ NO

Signature _____ Date _____

Answer the following questions if you have **EVER** held a Tennessee Teacher License or Permit (since the Tennessee License or Permit was last issued or renewed):

1. Have you been convicted of a felony (including a conviction or plea of nolo contendere)? ____ YES ____ NO
2. Have you been convicted of the illegal possession of drugs and/or narcotics? ____ YES ____ NO
3. Have you falsified or altered documentation required for licensure? ____ YES ____ NO

Signature _____ Date _____

ARE YOU A VETERAN?

____ YES (See important information regarding Troops to Teachers program available @ www.proudtoserveagain.com) ____ NO

OFFICIAL TRANSCRIPTS FROM THE FOLLOWING INSTITUTIONS ARE ATTACHED (must include pre-service credit)

PART II TO BE COMPLETED BY SCHOOL SYSTEM SUPERINTENDENT/DIRECTOR OF SCHOOLS

The applicant will be employed during school year _____ to _____, and will be given the support of one or more mentor teachers during this year.

____ Pre-K ____ Elementary ____ Secondary If secondary, give the subject area _____

School System	School
Signature of Superintendent/Director of Schools	
Date	

PART III TO BE COMPLETED BY THE DEAN OF EDUCATION

LICENSURE IS REQUESTED IN THE FOLLOWING AREA(S) OF ENDORSEMENT

Endorsement Title	Endorsement Code	Initial	Add-on	Date of Completion
		(must select one)		

This applicant has completed the pre-service portion of the approved Alternative Licensure Program.

Date of Completion _____

College or University	Signature of Dean	Date
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TENNESSEE DEPARTMENT OF EDUCATION

Office of Teacher Licensing
4th Floor Andrew Johnson Tower
710 James Robertson Parkway
Nashville, Tennessee 37243-0371
(615) 532-4885